

MAILING ADDRESS

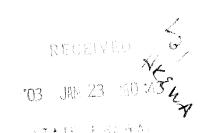
(Street)

820 Mililani Street, Suite 820 Honolulu, Hawaii 96813

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470





(Zip Code)

LOBBYIST REGISTRATION FORM

(See back of this form for instructions) (Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)	(First)	(Middle)		TELEPHONE	
LEE	NELSON	W.G.		536-3771	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
820 Mililani Street, S	uite 820 Honolulu, Hawaii	96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE					
Consultants Plus, Inc	c. c/o Haseko (Ewa), Inc	•		536-3771	

(State)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Haseko (Ewa), Inc.		536-3771
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
820 Mililani Street, Suite 820 Honolulu, Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION	TELEPHONE	
Vicki Gaynor		536-3771
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
820 Mililani Street, Suite 820 Honolulu, Hawaii	96813	
DADT III. DESCRIPTION OF SUBJECTS LIDON WILL	NU VOLL EXPECT TO LORDY	

(City)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture Education Human Services Science, Technology Economic Development Operations & Intergovernmental Relations, Tourism & Recreation International Affairs	e Education Human Services Science, Techn Economic Deve	
Economic Developme Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation	Economic Deve	
	Consument Operations 9	
		reation
Consumer Protection & Hawaiian Affairs Labor & Employment Transportaion Commerce		
Culture, Arts, Historic Health XXPlanning, Land & Water Other: (indicate below Use Management	rts, Historic Health XXPlanning, Land & Water Other: (indicate ion	e below)
Ecology, Energy, Housing Public Safety & Corrections Environmental Protection		

	CERTIFICATION OF LOBBYIST	
l hereby	certify that the information furnished above	s, to the best of my knowledge, correct and complete.
		1/13/2003
	(Signature of Lobbyist)	(Date)

(Signature of Loopyist)	(Date)		
PART V AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHO	RIZING OFFICER OR PE	RSON REPRESENTED
Toru Nagayama			
NAME OF ORGANIZATION (if applicable)			TELEPHONE
Haseko (Ewa), Inc.			536-3771
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
820 Mililani Street, Suite 820 Honolulu, Hawaii	96813		
I hereby authorize the above-named person to engage	in lobbying ac	tivities on behalf of ti	he undersigned.
		1/13/2003	
(Signature of Authorizing Officer or Person Represented	d)	(Dat	e)